

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
9 May 2003

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 2:00 PM EDT ON OR BEFORE 30 May 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22A
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22A LB-04-03"

A. NOTICE. This position is set aside for an individual Diagnostic Radiologist. Applications from companies or corporations will not be considered. Applications from active duty Navy personnel who will be leaving Naval service, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will be considered.

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and is Board Certified in Radiology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as a Diagnostic Radiologist, supplementing a staff of Navy Radiologists, providing care and services to inpatients and outpatients for the Radiology department located in the Naval Hospital Camp Lejeune, NC.

You shall normally provide services Monday through Friday for an 8.5 hour shift (to include an uncompensated .5 hour for lunch) from 0800 to 1630 (8 A.M. to 4:30 P.M.). Your normal duty hours shall not exceed 160 hours per 4-week period. You shall not be required to provide services on the following 10 Federal holidays: New Year's Day, Martin Luther King's Birthday, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day, with the exception of providing on-call services which may occur on a holiday. When required, to ensure completion of services that extend beyond the normal close of business, you shall remain on duty in excess of the scheduled shift. You shall be given an equal amount of compensatory time to be scheduled upon mutual agreement of you and the Commanding Officer. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a Diagnostic Radiologist.

Additionally, you shall equitably share general radiology call coverage with other departmental radiologists. These services shall include performance or direct supervision of emergent diagnostic and therapeutic radiologic procedures. On-call services begin at the end of the normal workday (e.g., 1630 hours) during the workweek and shall continue until commencement of the following workday (0800 hours). Weekend coverage begins at the close of the workday Friday until commencement of the workday Monday, unless the weekend incorporates a holiday on Monday or Friday. In case of a 3-day weekend of this type, call coverage will extend from close of the preceding workday until the beginning of the first following workday. You shall normally provide general radiology call an

average of **5 to 6** days per month. Historical data indicates that the on-call physician responds to an average of four to five calls per on-call night, and calls requiring that the physician present to the medical facility occur on an average of one occasion per every third on-call night. On-call service requirements are variable and depend on the current level of radiologist staff and their availability to share on-call services. The on-call schedule will be provided one month in advance.

In order to facilitate provision of on-call services, you shall provide a personal computer (PC) or laptop computer equipped with a CD drive. If paged, you shall respond by telephone within 30 minutes to the MTF. Depending upon the nature of the on-call request, you will either be required to report to the MTF, or stand-by at home, to receive and interpret radiographic images transmitted via laptop computer (or equivalent) and report findings to the MTF.

General call coverage hours are 1630 to 0800 weekdays and 0800 to 0800 weekend days and holidays. For reporting and scheduling purposes only, each general call shift shall be considered equivalent to a routine shift during the department's full service hours. You shall be assigned an average of 5 shifts per week inclusive of routine shifts, general call shifts, and authorized leave. The total number of shifts assigned shall not exceed 20 per 4-week period and shall range from 8-11 shifts per 2 week period. Your routine shifts and general call shifts shall be assigned by the Commanding Officer or his/her designated representative based upon established departmental procedures to distribute work in a reasonable and equitable fashion.

You shall accrue 10 hours of paid leave (i.e. vacation and sick leave) per 2-week period. You shall be fully compensated for these periods of authorized leave.

Additionally, you shall be allotted up to 10 days annually for professional training (e.g., attendance to CME's). All costs associated with professional training (CME's) shall be borne by the contractor. Any changes in the schedule, including time off for attendance at professional training, shall be coordinated between you and the Government with prior notification to the Department Head or his/her authorized representative. The Government will adjust your schedule accordingly. If the Navy terminates the contract or declines to exercise the option to renew, you shall be provided the opportunity to use any accrued paid leave. Leave without Pay (LWOP) may be granted after all paid leave has been exhausted for unusual and compelling circumstances (e.g. pregnancy) at the discretion of the Commanding Officer.

This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commander" means Commanding Officer, Naval Hospital Camp Lejeune, NC, or designated representative, e.g., Technical Liaison, Department Head, or Director for Ancillary Services.

B. THE RADIOLOGIST AS A PERSONAL SERVANT. The services you are providing under this contract shall be rendered as personal services for the Navy, performing an agency function by providing direct medical care required by the Navy for its health care beneficiaries. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term "supervision and control" is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract. It is the intent of the parties that this personal service contract create an employer-employee relationship between you and the Navy. Accordingly, personal injury claims alleging negligence by you within the scope of your performance of this contract shall be processed as claims alleging negligence by DOD military or civil service employees. **You are not required to maintain medical liability insurance.**

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Diagnostic Radiologist services for inpatients and outpatients in support of the Radiology Department using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to

be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Provide a full range of radiology services to include routine and specialized radiographic procedures as outlined under the basic procedures of Attachment 6. Additionally, you shall apply for, and perform, those privileges as outlined in BUMED Credentialing Instruction 6320.66C and granted by the MTF Commanding Officer.
2. Provide on-call radiology services, receive transmissions of radiographic images via personal computer (e.g., laptop) at a remote location from the MTF, make interpretation(s), and notify MTF of findings.
3. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
4. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
5. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
6. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
7. Participate in peer review and performance improvement activities. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.
8. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
9. Provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, residents, etc.) assigned to you during the performance of duties.
10. Maintain an awareness of responsibility and accountability for own professional practice.
11. Participate in continuing education to meet own professional growth.
12. Participate in the provision of in-service training to clinic staff members.
13. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.
14. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
15. Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.
16. Perform limited administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.
17. Perform technical duties including developing ultrasound, CT, MRI, or Nuclear Medicine scanning protocols and advanced imaging equipment procurement and evaluation.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited institution approved by the Liaison Committee on

Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

2. Have completed a residency training program in Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
3. Possess Board Certification in Radiology.
4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
5. Possess documentation of continuing medical education (CME) courses in mammography in accordance with current Mammography Quality Standards Act (MQSA) regulations.
6. Have documentation of current Drug Enforcement Agency (DEA) number.
7. Possess current certification in Basic Life Support (BLS) prior to commencement of services.
8. Have at least 12 months experience within the preceding 36 months as a Diagnostic Radiologist. The healthcare worker shall be qualified to perform the basic procedures as specified in Attachment 6.
9. Be eligible for U.S. employment.
10. Provide two letters of recommendation written within the last two years attesting to your clinical skills. Recommendation letters shall attest to the quality and quantity of your experience and shall include the name, title, phone number, date of reference, address and signature of the individual providing the reference.
11. Represent an acceptable malpractice risk to the Navy.
12. Submit a fair and reasonable price, which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet," Letters of Recommendation and the DD 214 (if you possess prior military services) shall be used to evaluate these items.

1. Academic or research experience including basic or applied research and publications and adjunct academic appointments.
2. Either possess, or be eligible for, a Certificate of Added Qualifications in a recognized radiology subspecialty as determined by the American Board of Radiology or certification in a recognized radiology subspecialty as determined by the American Osteopathic College of Radiology; or completion of fellowship specialty training in one or more radiology subspecialties.
3. Documentation of additional competency (e.g., CMEs, fellowship training, etc.) in interpretation of mammography, nuclear medicine, computed tomography (CT), ultrasound (US), or magnetic resonance imaging (MRI).
4. Quantity and quality of experience to perform the duties as specified herein. Applicants who demonstrate ability to perform a greater number of additional procedures listed in Attachment 7 may receive a higher ranking.
5. Letters of recommendation required in item D.10, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.

6. Total Continuing Medical Education (CME) hours.

7. Experience in a DOD medical facility.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1)
2. _____ A completed Pricing Sheet (Attachment 2)
3. _____ Two copies of employment eligibility documentation (Attachment 3)
4. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
5. _____ A completed Small Business Program Representations Form (Attachment 5)
6. _____ Two letters of recommendation per paragraph D. 10. Above
7. _____ Completion of Basic Procedures Sheet (Attachment 6).
8. _____ Completion of Additional Procedures Sheet (Attachment 7).

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the

Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-3016, Ms. Laura Belluomo.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - DIAGNOSTIC RADIOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item XI. of this Sheet.**

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet for Privileged Providers, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:

a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____(mm/dd/yy)
(Signature) (Date)

I. General Information

Name: _____ SSN: _____
Last First Middle

Date of Birth: _____

Address: _____

Phone: (____) _____

Medical Information**YES NO**

1. Do you have any physical or mental impairment that could limit your clinical practice?

2. Have you been hospitalized for any reason during the past 5 years?

3. Are you currently receiving or have you ever received formal mental health therapy or treatment?

4. Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition?

5. Have you ever been unlawfully involved in the use of controlled substances?

II. Professional Education**A. Medical School (Section D, Item 1):**

a. Name of Accredited School:

Date of Training
(From) (To)

b. Type of Degree: _____

c. Location and Address of School:

d. ECFMG Certification: _____

B. Residency Training (Section D, Item 2):

a. Name of Accredited School:

b. Residency (Specialty):

Date of Training
(From) (To)

c. Location and Address of School:

III. Board Certification (Section D, Item 3):

Specialty Date of Certification (mm/dd/yy)

IV. Professional Licensure (License must be current, valid, and unrestricted) (Section D, Item 4):

____ (State) Date of Expiration: _____ (mm/dd/yy)

____ (State) Date of Expiration: _____ (mm/dd/yy)

____ (State) Date of Expiration: _____ (mm/dd/yy)

V. Documentation of CME courses in mammography (IAW MQSA regulations) (Section D, Item 5):

VI. DEA Certification (Section D, Item 6):

_____ DEA Number Date of Expiration: _____ (mm/dd/yy)

VII. Medical Certification: This should include BLS, ACLS, PALS, etc. (Section D, Item 7).

_____ Certificate Date of Certification or Expiration: _____ (mm/yy)

_____ Certificate Date of Certification or Expiration: _____ (mm/yy)

_____ Certificate Date of Certification or Expiration: _____ (mm/yy)

VIII. Professional Employment (Section D, Item 8 and Factor for Award): List your current and preceding employers. Provide dates as month/year.

Name and Address of Present Employer **From** **To**

(1) _____

From **To**

(2) _____

From **To**

(3) _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? _____

IX. Continuing Education (Factor for Award):

Title of Course	From	To	CE Hours

X. Employment Eligibility (Section D, Item 9):

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility?	_____	_____

XI. Professional References (Section D, Item 10)

Provide two letters of recommendation written within the last two years attesting to your clinical skills. Recommendation letters shall attest to the quality and quantity of your experience and shall include the name, title, phone number, date of reference, address and signature of the individual providing the reference.

XII. Academic Research/Appointments (Factor for Award).

XIII. Certificate of Added Qualifications or Subspecialty Certifications (Factor for Award).

XIV. Documentation of additional competencies in interpretation of mammography, nuclear medicine, CT, ultrasound, or magnetic resonance imaging (MRI) (Factor for Award).

XV. Experience in a DoD Facility (Factor for Award).

Name and Location of Facility:	Date(s):
_____	_____
_____	_____
_____	_____

XVI. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 4 August through 30 September 2003. Five option periods will be included which will extend services through 3 August 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Radiologist in the Camp Lejeune, NC. area. The hourly price must include consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate as specified in 10 U.S.C. 1091. Effective 21 January 2000 the maximum amount the government will be allowed to pay for these personal services is \$400,000/year for this contract.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one full time Radiologist the Naval Hospital Camp Lejeune, NC., in accordance with this Application and the resulting contract.				
0001AA	Base Period; 4 Aug thru 30 Sep 03	336	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 3 Aug 08	1760	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____
Printed Name	_____				

ATTACHMENT 1

LB-04-03

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying

ATTACHMENT 3

4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

possession of the United States bearing an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-3023 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02, 22A
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793 or (301) 619-2925

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: LB-04-03

DIAGNOSTIC RADIOLOGY – BASIC PROCEDURES

The following is a list of the basic procedures required for Diagnostic Radiologists at Naval Hospital Camp Lejeune. Please place a check mark next to the procedures that you are currently qualified to perform.

Consultation, diagnostic workup planning, radiation monitoring, performing, and interpreting the following diagnostic procedures:

- ☐ Routine radiographic studies including the chest, abdomen, extremities, head, and neck
- ☐ Fluoroscopic procedures of the gastrointestinal tract; e.g., barium swallow, enteroclysis, upper gastrointestinal series, small bowel followthrough, air contrast, and solid column barium enemas
- ☐ Radiologic procedures of genitourinary tract; e.g., intravenous pyelogram, voiding cystourethrogram, hysterosalpingogram, nephrostogram
- ☐ Radiographic procedures upon the musculoskeletal system; e.g., arthrograms of all types
- ☐ Supervising the performance and interpreting the results of screening, indicated, or diagnostic mammograms, including needle localization of any masses found
- ☐ Ultrasound procedures of: the obstetrical patient and her fetus, the female pelvis, the abdomen including the kidneys, liver, spleen, biliary tract, gallbladder, pancreas, the thyroid, the chest for effusion, and the scrotum
- ☐ Advanced ultrasound procedures of: Endovaginal ultrasound, Doppler imaging of veins and arteries, e.g., carotid, neurosonology
- ☐ Supervising the performance of and interpreting of routine computed tomography of head, spine, and body
- ☐ Routine Magnetic Resonance Imaging for head, spine, body and major joints, e.g., shoulder, knee, ankle, etc.
- ☐ Performing and interpreting venography of the major vessels

I certify that I am currently qualified to perform the procedures denoted above.

Printed Name

Signature

Date

DIAGNOSTIC RADIOLOGY – ADDITIONAL PROCEDURES

The following is a list of the additional diagnostic radiology procedures. Please place a check mark next to the procedures that you are currently qualified to perform.

****NOTE: "NR" denotes procedures "Not Required" at NAVHOSP Camp Lejeune under this contract.**

____ Supervising the performance of, and interpretation of, computed tomographic studies for the head, spine, and body:

Advanced ultrasound studies:

NR Endorectal imaging
NR Echocardiography

Advanced neuroradiological procedures:

NR Cervical myelography via C2 puncture
NR Intracranial arterial catheterization or embolization

Magnetic resonance imaging:

____ Intracranial imaging
____ Spinal cord imaging
____ Spinal canal imaging
____ Chest and heart imaging
____ Abdominal and pelvic imaging
____ Musculoskeletal imaging; e.g., shoulders, knees, ankles and elbows

Advanced angiography:

NR Transluminal angioplasty peripheral arteries
NR Transluminal angioplasty of renal arteries
NR Embolization procedures
NR Placement of caval filters
NR Performance and interpretation of lymphangiography
NR Performing and interpreting angiography of the major vessels including arteriography

Advanced interventional procedures:

____ Guided biopsies using fluoroscopy, computerized tomography, or ultrasound of deep solid masses or organs
____ Pulmonary biopsies
____ Puncture and drainage of fluid collection and abscesses
NR Percutaneous transhepatic cholangiography
NR Percutaneous biliary drainage
NR Percutaneous nephrotomy and subsequent drainage
NR Transjugular intrahepatic portosystem shunts
____ Performing and interpreting myelograms of the cervical thoracic, and lumbar spine via a lumbar lumbar puncture using fluoroscopic guidance

**** Advanced nuclear medicine studies:**

____ Use of Iodine 131 for therapy in Graves or Plummer's disease (less than 30 millicuries)
NR Use of P-32 for intravenous and intraperitoneal use
NR Use of Iodine 131 for therapy in thyroid carcinoma in amounts greater than 30 millicuries

**** These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations.**

I certify that I am currently qualified to perform the procedures denoted above.

ATTACHMENT 6

LB-04-03

Printed Name

Signature

Date